

# **Virginia Office of Emergency Medical Services Grant Programs Application**

**Revision – July 2004**

## **Rescue Squad Assistance Fund General**

**Virginia Department of Health  
Office of Emergency Medical Services  
109 Governor Street, Suite UB-55  
Richmond Virginia 23219  
(800) 523-6019  
(804) 864-7600  
[www.vdh.virginia.gov/oems](http://www.vdh.virginia.gov/oems)**

# Office of Emergency Medical Services (OEMS)

## Grant Programs

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The Office of EMS currently administers one reimbursement grant program, which consist of the following:

Rescue Squad Assistance Fund (RSAF)

Information on the grant and line-by-line instructions for completing the application have been organized into sections for each grant program in order to make the application process easier.

### GENERAL INFORMATION

#### All Grant Programs

Eligibility	Non-profit EMS Agencies and Organizations
Application Deadlines	March 15 and September 15
Grant Period	12 months
Grant Cycle	July 1 through June 30 or January 1 through December 31
Award Dates	July 1 and January 1
Grant Modification	Must meet individual grant guidelines
Grant Extension	Must meet individual grant guidelines
Type of Grant	Reimbursement (see instructions for more information.)
Grant Conditions	Funding conditions may be placed on any award

### PROGRAM SPECIFIC INFORMATION

<b>RSAF</b>	Items eligible for funding include EMS equipment and vehicles. Also included are computers, EMS management programs, courses/classes and projects benefiting the recruitment and retention of EMS members. Matching funds are required (usually 50%).
	Items not eligible for funding include construction costs, daily operational costs such as expenses for electricity, gasoline or tires.

NEW:

Request grants for **Special Projects** and **Emergency Operations Response Equipment** General Fund.

# Office of Emergency Medical Services (OEMS)

## Grant Programs

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### APPLICATION PAGES

The following is a breakdown of the application pages that must be completed for each grant program. Some forms/pages are common pages and others are program specific. Please make sure that all forms/pages relative to your request are complete and accurate before submission to the Office of EMS.

#### Rescue Squad Assistance Fund

Page 1	Agency Information
Page 2	Agency Data
Page 3	Vehicle Data Sheet
Page 4	Financial Information for Non-Government Requests This page is for volunteer agencies only.
Page 5	Financial Information for Governmental Requests This page is for municipal/governmental agencies only.
Page 6	Rescue Squad Assistance Fund - Request Page
Page 7	Technical Information for the Purchase of Emergency Response Vehicles (required when applying for a vehicle)
Page 8	Technical Information for Radio Communications Equipment (required when applying for a communications equipment)
Page 9	Affirmation - Must include OMD signature

# Virginia Office of EMS

## Grant Programs

### Application

Virginia Office of Emergency Medical Services  
 Virginia Department of Health  
 109 Governor Street, Suite UB-55 (804) 864-7600  
 Richmond Virginia 23219 (800) 523-6019

#### Agency Information

Grant No.

☐ RSAF

Office of EMS use only  
 Date received stamp

#### GRANT TYPE

Rescue Squad Assistance Fund  
 General  
 EMS Management & Leadership Training  
 (for recruitment and retention of members)

#### To Be Completed by Requesting Organization

Agency Name				
EMS Agency License No. (if applicable)		Agency Certification (check one)	<input type="checkbox"/> BLS	<input type="checkbox"/> ALS
Address			City	
			County	
			ZIP Code	
Regional Council				
Federal ID Number		<i>Provide a copy of IRS letter showing FIN or latest copy of FORM 990.</i>		
Organization Structure (check one)	<b>EMS Agency</b> <input type="checkbox"/> Volunteer <input type="checkbox"/> Municipal <input type="checkbox"/> Combined (volunteer/career) <b>Non-EMS Agency</b> <input type="checkbox"/> Non-Profit Hospital <input type="checkbox"/> Regional EMS Council <input type="checkbox"/> Government (City/County) <input type="checkbox"/> Other (specify) _____			

## Agency Data

All agency data appearing on this page shall reflect the entire agency (including any sub-stations)

Personnel Data			
Current OEMS Certification	Quantity	Member Status	
First Responder		Number of Employees/Members	
EMT			
Shock Trauma		Career	
Cardiac Tech		Part Time	
Intermediate			
Paramedic		Volunteer	
Driver ONLY		Other (Support Staff)	
Other (Support Staff, Jr. Members, etc.)			
Total number of personnel		*Total Members	

\*This information is **not** required for Regional EMS Council requests.

Operational Activity			
Type of EMS Service: <input type="checkbox"/> Career <input type="checkbox"/> Combination: <input type="checkbox"/> Volunteer			
Total EMS Calls July 1, 2002 - June 30, 2003		Demographics	
BLS Calls (includes stand-bys)		Square Miles of Service Area	
ALS Calls		Population of Service Area	
TOTAL number of calls		Total Number of Stations	
Number of calls your agency was UNABLE to respond to, for any reason (define in comments section, ex.: (equipment failure, staffing, call volume, etc.)		Number of calls your agency responded to OUTSIDE of your first due area	
Average Call Time			
Average Round Trip Mileage per Call			
Average Mileage to Nearest Hospital			
Comments:			

**CHECK HERE IF NEW AMBULANCE (PURCHASED BUT NOT PERMITTED) NOT LISTED ☐**

[illegible]

1. Type I Ambulance
2. Type II Ambulance
3. Type III Ambulance
4. Any vehicle used for first response - Licensed as Class "A"  
(Chase, Rapid or First Response)
5. Light Duty Rescue Vehicle
6. Medium Duty Rescue Vehicle
7. Heavy Duty Rescue Vehicle
8. Pumper
9. Ladder Truck
10. Utility (Chief's Car, Sedans, Brush Trucks, etc.)
11. Boats
12. Type II Medium Duty Ambulance

**Rescue Squad Assistance Fund**  
**Financial Information for Non-Governmental Agencies (i.e.- volunteer agencies)**

Balance Sheet as of December 31, 2003 (round off to nearest dollar)			
Assets		Liabilities	
<b>BEGINNING CASH BALANCE</b> (as of January 1, 2003) <b>Available Cash On Hand/Checking Account</b>	\$	<b>Balance of Open Accounts</b>	\$
<b>Real Estate</b> (Building & land @ market value)	\$	<b>Notes or Mortgages Owed</b>	\$
<b>Investments</b> (unrestricted) (CDS, stocks, bonds, savings, etc.)	\$	<b>Other Indebtedness/Obligations</b> (Explain below)	\$
<b>Equipment, Vehicles, etc</b> (Capital items @ market value)	\$	<b>TOTAL LIABILITIES</b>	\$
<b>Restricted Funds</b> (Explain in narrative)	\$		
<b>TOTAL ASSETS</b>	\$	<b>NET WORTH</b> (total assets minus total liabilities)	\$
<b>Does your agency charge a fee for service?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>How much per call?</b> <b>Cost Recovery (Rate of Return)</b>	\$ _____ %

  

Cash Operations Statement for Year (Ending December 31, 2003)			
Receipts/Revenue		Expenditures	
		<b>Operational Expenses</b>	\$
<b>Local Government</b>	\$	<b>Personnel Costs</b> (Salaries, Benefits, etc.)	\$
<b>25% Return to Locality (Two for Life)</b>	\$	<b>Capital Expenditures)</b> (List items purchased below)	\$
<b>Donations, Contributions, Bequests, Mem., etc.</b>	\$		
<b>EMS Fee for Service</b>	\$	<b>Other</b> (include Transfers to Asset Accounts)	\$
<b>Fund Raising</b>	\$		
<b>Interest &amp; Dividends</b>	\$		
<b>Grants (from any source)</b>	\$	<b>Non-operational Expenditures</b> (ie. Fund Raising Costs)	\$
<b>Other Income/Revenue</b>	\$	<b>TOTAL EXPENDITURES</b>	\$
<b>TOTAL RECEIPTS/REVENUE</b>	\$	<b>Cash Increase (Decrease)</b> (Receipts minus Expenditures)	\$
<b>Describe your Agency's definition of Capital Expenditures.</b>		<b>BEGINNING CASH BALANCE</b> (as of January 1, 2003)	\$
		<b>ENDING BALANCE:</b> (balance as of December 31, 2003)	\$

**Rescue Squad Assistance Fund**

## Financial Information for Governmental Agencies (i.e. - Municipal/Governmental Agencies)

EMS Budget (Related to EMS Operations Only)	Previous FY Budget	Current FY Budget	% Change (+/-)
<b>Personnel Costs</b> Salary & Benefits			
<b>Operating Expenses</b> Utilities, Supplies & Equipment Contractual Services Leases and Rentals			
<b>Capital Expenses</b> Apparatus/Equipment > \$5,000			
<b>Total EMS Budget</b>			
<b>Donations, Contributions, Bequests, Memorials, Etc.</b>			
<b>25% Return to Locality (Two for Life Funds)</b>			
<b>Grants</b> (from any source)			
<i>Amount received from EMS Fee for Service for last Fiscal Year</i> \$ _____			
<i>Describe your department's definition of capital expenditures.</i>			
<i>Comments:</i>			



# Rescue Squad Assistance Fund Request Page

Each line item must indicate state funds requested and agency match. Refer to instructions on individual initiatives.					
Initiative	Funding Level <input type="checkbox"/> 50/50 <input type="checkbox"/> 80/20	<input type="checkbox"/> Add  <input type="checkbox"/> Replace	Qty _____	Item Requested	Total Purchase Price
<input checked="" type="checkbox"/> General	Type Code  _____ (see below)		Current Inventory  _____		\$
Narrative: (If more space is needed provide a separate page not to exceed one page.)					

  

Initiative	Funding Level <input type="checkbox"/> 50/50 <input type="checkbox"/> 80/20	<input type="checkbox"/> Add  <input type="checkbox"/> Replace	Qty _____	Item Requested	Total Purchase Price
<input checked="" type="checkbox"/> General	Type Code  _____ (see below)		Current Inventory  _____		\$
Narrative: (If more space is needed provide a separate page not to exceed one page.)					

## Type Code

- |                            |                           |                             |
|----------------------------|---------------------------|-----------------------------|
| 1. Vehicle                 | 7. Rescue Equip.          | 12. Management & Leadership |
| 2. Defibrillator           | 8. Extrication Equip.     | Courses (CISM, Team         |
| 3. Communications Equip.   | 9. Other                  | Building, Conflict          |
| 4. ALS Equipment           | 10. Computer Equip.       | Management, etc.)           |
| 5. BLS Equipment           | 11. Public Information    |                             |
| 6. ALS/BLS Training Equip. | Programs or               |                             |
|                            | Presentations             |                             |
|                            | (Brochures, Videos, etc.) |                             |

## Rescue Squad Assistance Fund

## Technical Information for the purchase of Emergency Response Vehicles

**IMPORTANT: Must be completed for any/all vehicle or rechassis request(s)**

Requested vehicle(s) is/are: (check one of the following)		
<input type="checkbox"/>	Permanent replacement for unit # _____	
<input type="checkbox"/>	Additional vehicle	
<input type="checkbox"/>	Rechassis/Refurbish	
The following four (4) inquiries must be answered if requesting a <b>replacement</b> vehicle:		
1) Describe the current condition of the vehicle to be replaced. _____ _____ _____		
2) Indicate what will be done with the vehicle that is replaced. _____ _____		
3) Explain why a rechassis should not be considered. _____ _____ _____		
4) Number of calls your agency was <b>unable</b> to respond to due to the mechanical unavailability of the emergency vehicle to be replaced. _____		
The following inquiry must be answered if requesting a vehicle be <b>rechassis</b> /refurbished:		
1) Describe the current condition of the vehicle to be rechassis/refurbished. _____ _____		
<b>Vehicle Location</b>		
Identify where the requested vehicle will be housed and intended for use. _____		
<b>Vehicle Maintenance</b>		
Describe the maintenance program used to maintain your agency vehicle fleet. _____ _____		
What is the average length of service in miles and/or years of vehicles operated by your agency?		<b>Years</b>
		<b>Miles</b>

## Rescue Squad Assistance Fund

### Technical Information for the purchase of Radio Communications Equipment

**IMPORTANT: Must Be Completed For Any Request For Base, Mobile, or Portable Radios or for Pagers or Alerting Receivers**

**All Requested Communications Equipment must Be Listed on the "Grant Request"**

AGENCY FREQUENCY PLAN & CHANNEL CONFIGURATION <i>(REQUIRED FOR ALL RADIO REQUESTS)</i>						
CHANNEL	TRANSMIT (MHZ)	RECEIVE (MHZ)	CTCSS (Hz) or DPL (Code)	FCC CALL SIGN	NAME OR USE OF CHANNEL (i.e., Jones Co. Dispatch / Fire / EMS, HEAR)	PURPOSE (Dispatch, Fire, EMS, Mutual Aid, Medical)
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
15						
16						

Pager and Alerting Information <i>(Required for all requests for Pagers, Paging Portables, and Alert Monitors)</i>		
Name of Communications Center (Agency) Activating Alerts/Pages:		
Receiver Frequency Used To Receive Alerts/Pages:	MHZ	: Alerting
Second Frequency for Alerting or Monitoring (if any):	MHZ	Alerting      Monitoring
Purpose or Use of Second Frequency (Justify in Narrative):		
Members Will Be Alerted With These Receivers (Check All That Apply)	<input type="checkbox"/> As A Group <input type="checkbox"/> By Duty Squads <input type="checkbox"/> Individually	

Current inventory of requested Communications Equipment <i>(Required for all requests)</i> (List similar items by group, i.e., Mobile Radios, Portable Radios, Minitor Pagers (All Types); List Different Bands On Separate Lines)								
CATEGORY OF EQUIPMENT REQUESTED	BAND (LB, VHF, UHF, 800)	PRESENT INVENTOR Y	%	PLAN TO PURCHASE	&	PLAN TO REASSIGN OR DISPOSE	=	TOTAL
							=	
							=	
							=	
							=	

# Office of Emergency Medical Services (OEMS)

## Grant Programs

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### Affirmation

(required for all grant submissions)

The Authorized Agent, whose name and signature appear below has been designated by the agency/organization to complete and submit a grant request on its behalf. The agency/organization agrees to comply with the Rules and Regulations Governing Financial Assistance for Emergency Medical Services for Rescue Squad Assistance Fund requests and agrees to comply with the ALS Training Funds Guidelines and Procedures for ALS Training Funds requests. In addition, the Authorized Agent attests to the agency or organization's ability to provide the matching funds (50% or 20%) to complete the purchase of the EMS vehicle or equipment, should they be awarded state funds. The Authorized Agent is aware that EMS vehicles and equipment purchased with state monies must be purchased without any financial liens and without the item being used as collateral to secure a loan of any kind. The Authorized Agent, by signing below, attests to the fact that the Agency(s) that is affected by the possible outcome of this grant request, have been notified and agree to its submission. **RSAF Requests:** The Authorized Agent, by signing below attests that to the best of his/her knowledge, the information contained herein with regard to the agency's financial condition is true, accurate and correctly reflects the financial condition of the agency/organization. **ALS Training Funds Requests:** The Authorized Agent, by signing below, attests to the fact that the applicant has met all "ALS Course Requirements" as outlined on page 19 of the application instructions, to be eligible for the funding of initial training programs.

#### Agency/Organization Authorized Agent: (original signature is required)

Agency/Organization Name \_\_\_\_\_

Printed Name of Authorized Agent \_\_\_\_\_

Signature of Authorized Agent \_\_\_\_\_

Title \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ Date \_\_\_\_\_

E-mail address \_\_\_\_\_

#### Operational Medical Director (original signature is required for all RSAF and ALS Training Funds requests)

I am the Operational Medical Director for the above referenced agency/organization. I have read and support this application for the state funds being requested for classes and/or equipment.

Printed Name \_\_\_\_\_

Signature of OMD \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ Date \_\_\_\_\_

E-mail address \_\_\_\_\_

#### **OPTIONAL: City/County Representative**

City/County representative shown below has been informed of the \_\_\_\_\_ (insert agency name) \_\_\_\_\_ request for grant funds.

**Signature is not required.**

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_